STATE OF MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY 735 E. MICHIGAN AVENUE – P.O. BOX 30044

LANSING, MICHIGAN 48909

This form is issued under authority of Act 346 P.A. 1966. Completion of this form is required. Failure to complete this form may result in the termination of the construction subcontract.

CERTIFICATION OF SIGNED CONTRACT

Development Name:		
MSHDA Number:		
This is to certify that on this	day, of	, 200
(NAME OF SUBCO	, has entered	l into a written and binding
Subcontract with,	(NAME OF CENEDAL CONTI	, for the
Purpose* of performing the trade(s) of	(NAME OF GENERAL CONTI	. The
Initial contract dollar amount is \$	·	
Opportunity Plan requirements w may be considered cause for term. In order to comply with this requirements.	ntractor to implement the Equal Emrill be considered a breach of the conination of the contract and remova irement, your firm must agree to in 1" of MSHDA's Article XV, of the	nployment ontract, and all from the project. accorporate the
statement or representation; or the personal property; or the fraudule other valuable thing or service pu	ch are% for minority trequired "Approval Packet" form that any false pretense, including an e fraudulent obtaining of money, resent use of an instrument, facility, an arsuant to his/her participation in an anority program, is punishable by im-	rades-people and% for as are attached and executed by any false eal or rticle, or my Michigan
The contractor (including every subcorperiod of at least three (3) years after to supplier understand that MSHDA will audits at which time all records must be	he project is completed. The coselect various projects on a ran	ontractor, subcontractor or material dom basis for full project record
Subcontractor's Signature	Date	
General Contractor's Signature	Date	

*Designate if supplier only